

<i>SERFF Tracking Number:</i>	<i>GRTA-125874159</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Great American Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>IM-AR-0810-HBB3</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>IM-AR-0810-HBB3</i>		
<i>Project Name/Number:</i>	<i>IM-AR-0810-HBB3/IM-AR-0810-HBB3</i>		

Filing at a Glance

Company: Great American Insurance Company

Product Name: IM-AR-0810-HBB3

TOI: 09.0 Inland Marine

Sub-TOI: 09.0005 Other Commercial Inland Marine

Filing Type: Form

SERFF Tr Num: GRTA-125874159

SERFF Status: Closed

Co Tr Num: IM-AR-0810-HBB3

Co Status:

Authors: Christie Mayes, Debbie Stamm

Date Submitted: 10/27/2008

State: Arkansas

State Tr Num: EFT \$50

State Status: Fees verified and received

Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Disposition Date: 10/28/2008

Disposition Status: Approved

Effective Date Requested (New): 11/28/2008

Effective Date Requested (Renewal): 11/28/2008

Effective Date (New): 11/28/2008

Effective Date (Renewal): 11/28/2008

State Filing Description:

General Information

Project Name: IM-AR-0810-HBB3

Project Number: IM-AR-0810-HBB3

Reference Organization:

Reference Title:

Filing Status Changed: 10/28/2008

State Status Changed: 10/28/2008

Corresponding Filing Tracking Number: IM-AR-0810-HBB3

Filing Description:

The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

The modification waives the coinsurance requirement for the "usable existing structure" for renovation projects. This modification was inadvertently omitted from the current edition of form CM 8220.

SERFF Tracking Number: GRTA-125874159 State: Arkansas
Filing Company: Great American Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: IM-AR-0810-HBB3
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: IM-AR-0810-HBB3
Project Name/Number: IM-AR-0810-HBB3/IM-AR-0810-HBB3

Company and Contact

Filing Contact Information

Debbie Stamm, Product Tech Dstamm@gaic.com
49 east 4th street (513) 369-5000 [Phone]
Cincinnati, OH 45202 (513) 333-6996[FAX]

Filing Company Information

Great American Insurance Company CoCode: 16691 State of Domicile: Ohio
580 Walnut Street Group Code: 84 Company Type: P&C
Cincinnati, OH 45202 Group Name: State ID Number:
(513) 369-5000 ext. [Phone] FEIN Number: 31-0501234

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 filing fee per form.
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Great American Insurance Company	\$50.00	10/27/2008	23491908

<i>SERFF Tracking Number:</i>	<i>GRTA-125874159</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/28/2008	10/28/2008

<i>SERFF Tracking Number:</i>	<i>GRTA-125874159</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Product Name:</i>	<i>IM-AR-0810-HBB3</i>		
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Disposition

Disposition Date: 10/28/2008

Effective Date (New): 11/28/2008

Effective Date (Renewal): 11/28/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	GRTA-125874159	State:	Arkansas
Filing Company:	Great American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	IM-AR-0810-HBB3		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	IM-AR-0810-HBB3		
Project Name/Number:	IM-AR-0810-HBB3/IM-AR-0810-HBB3		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Supporting Document	Explanatory Memorandum	Approved	Yes
Supporting Document	Supporting Docs	Approved	Yes
Form	Homebuilders Renovation Coverage Endorsement	Approved	Yes

SERFF Tracking Number:	GRTA-125874159	State:	Arkansas
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TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Homebuilders Renovation Coverage Endorsement	CM 8220	08/08	Endorsement/Amendment/Conditions Replaced	Replaced Form #:0.00 CM 8220 (Ed. 01/07) Previous Filing #:		CM 8220.pdf



Administrative Offices
580 Walnut Street
Cincinnati, Ohio 45202
Tel: 1-513-369-5000

CM 82 20
(Ed. 08 08)

THIS ENDORSEMENT CHANGES YOUR POLICY. PLEASE READ IT CAREFULLY.

**HOMEBUILDERS
RENOVATION COVERAGE ENDORSEMENT**

This endorsement modifies coverage provided by your:

HOMEBUILDERS BUILDER'S RISK COVERAGE FORM

A. Coverage, 1. Covered Property, the following is added:

- e. the "usable existing structure(s)" that exists prior to any alteration, addition, improvement, renovation or repair, which is, or is intended to become, a permanent part of a one to six family residential building(s), including private garages and similar service buildings, as described in the Declarations.

A. Coverage, 2. Property Not Covered, subparagraph h. is deleted.

C. Limits of Insurance, the following is added:

But, we will not pay more than:

\$ for "loss" to the "usable existing structure";
\$ for "loss" to new work.

E. Additional Conditions, 1. Coinsurance is amended to read as follows:

1. Coinsurance

The coinsurance requirement applies to new construction work, which must be insured for its total "completed value" at the time of "loss" or you will incur a penalty. We will pay only the proportion of any "loss" that the applicable Limit of Insurance for New Work, shown on the Renovation Coverage Endorsement, bears to the total "completed value" of this new construction work.

The coinsurance requirement does not apply to the "usable existing structure."

E. Additional Conditions, 2. Valuation, the following is added:

c. The "Usable Existing Structure"

We will adjust "loss" to the "usable existing structure" on the basis of "functional value," unless you have purchased the structure within 12 months of the beginning of coverage under this Policy, in which case the valuation shall be the lesser of:

- (1) your actual purchase price, less the cost of the land; or
- (2) its "functional value."

E. Additional Conditions, 5. When Coverage Begins and Ends the following is added:

h. 30 days after the policy period begins, if "active renovations" have not begun.

F. Definitions, the following are added:

"Active renovations" means regular and ongoing demolition, removal activity or new work being done to the Covered Property at the described location.

"Functional value" means the cost to repair or replace the "usable existing structure" at the time of "loss" with the lesser of:

1. materials of similar kind and quality to those damaged or lost minus a proper deduction for depreciation; or
2. contemporary methods and materials, which may be dissimilar but are functionally equivalent to the damaged or lost property.

"Usable existing structure" means only those parts of an existing structure which are intended to become a permanent part of the renovated structure, according to the project plans, including all alternations, additions, improvements, renovations or repairs that occurred prior to the effective date of this Policy.

All other terms remain unchanged.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	GRTA-125874159	State:	Arkansas
Filing Company:	Great American Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	IM-AR-0810-HBB3		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	IM-AR-0810-HBB3		
Project Name/Number:	IM-AR-0810-HBB3/IM-AR-0810-HBB3		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/28/2008
Comments:				
Attachment:	ar hbb3 pctd-1.pdf			
Satisfied -Name:	Cover Letter	Review Status:	Approved	10/28/2008
Comments:				
Attachment:	AR cover letter.pdf			
Satisfied -Name:	Explanatory Memorandum	Review Status:	Approved	10/28/2008
Comments:				
Attachment:	HBB3 Exp-Memorandum.pdf			
Satisfied -Name:	Supporting Docs	Review Status:	Approved	10/28/2008
Comments:				
Attachment:	AR pcffs-1.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 55%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 55%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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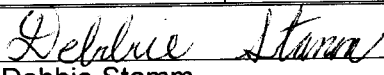
3.	Group Name	Group NAIC #
	Great American Insurance Group	084

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Great American Insurance Company	OH	16691	31-0501234	

5. Company Tracking Number	IM-AR-0810-HBB3
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Debbie Stamm	Product Technician	513.333.5586	513.333.6996	dstamm@gaic.com
	49 East 4 th Street Cincinnati, OH 45202				

7. Signature of authorized filer	
8. Please print name of authorized filer	Debbie Stamm

Filing information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	9.0005 Inland Marine
10.	Sub-Type of Insurance (Sub-TOI)	Other Commercial Inland Marine
11.	State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12.	Company Program Title (Marketing title)	
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 11/28/2008 Renewal: 11/28/2008

Property & Casualty Transmittal Document---

15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	N/A
17.	Reference Organization # & Title	N/A
18.	Company's Date of Filing	10/27/2008
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

20.	This filing transmittal is part of Company Tracking #	IM-AR-0810-HBB3
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

The modification waives the coinsurance requirement for the "usable existing structure" for renovation projects. This modification was inadvertently omitted from the current edition of form CM 8220.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #: EFT Amount: \$50.00</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

Specialty Operations
49 East Fourth Street
Dixie Terminal South Building
4th Floor
Cincinnati, OH 45202-3803
PO Box 5425
Cincinnati, OH 45201-5425
513.287.8100 ph
513.333.6996 fax



October 27, 2008

Honorable Julie Benafield Bowman
Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

RE: Great American Insurance Company
Commercial Inland Marine
Form
Company File # IM-AR-0810-HBB3

084-16691

31-0501234

To Whom It May Concern:

The Great American Insurance Group, consisting of the aforementioned companies, hereby submits for your approval the enclosed form to be used with our **Commercial Inland Marine**. Please see the explanatory memorandum for additional details.

Please find enclosed, for review, the following:

1. An Explanatory Memorandum.
2. Copies of the Form Pages.
3. Any Appropriate State Transmittals.

We propose that this filing be applicable to all policies written on or after **November 28, 2008**. Please return the duplicate of this letter to acknowledge approval and confirm your action. A self-addressed, stamped envelope is enclosed for your convenience.

Sincerely,
Debbie Stamm

Debbie Stamm
Product Technician
Phone: (513) 333-5586
Fax: (513) 333-6996
Email: dstamm@gaic.com

EXPLANATORY MEMORANDUM

HOMEBUILDERS BUILDERS RISK - RESIDENTIAL CONSTRUCTION GREAT AMERICAN ASSURANCE COMPANY

The purpose of this filing is to revise the Homebuilders Renovation Coverage Endorsement, CM 8220, to include a modification to the Coinsurance Condition of the Homebuilders Builder's Risk Coverage Form.

The modification waives the Coinsurance requirement for the "usable existing structure" for renovation projects. This modification was inadvertently omitted from the current edition of form CM 8220.

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		IM-AR-0810-HBB3		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		N/A		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Homebuilders Renovation Coverage Endorsement	CM 82 20 (Ed. 08/08) PRO	<input type="checkbox"/> New <input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	CM 82 20 (Ed. 01/07)	
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		